

United States Department of the Interior

FISH AND WILDLIFE SERVICE

Tennessee National Wildlife Refuge Complex 3006 Dinkins Lane Paris, Tennessee 38242 (731) 642-2091

June 8, 2012

Tennessee Dept. of Environment and Conservation Division of Water Pollution Control 6th Floor Annex, L&C Tower 401 Church Street Nashville, TN 37243

Dear Sirs;

Attached is a copy of our Notice of Intent (NOI) for herbicide application on waters within the Tennessee National Wildlife Refuge Complex (Tennessee National Wildlife Refuge and Cross Creeks National Wildlife Refuge) which are located on Kentucky Lake and Lake Barkley respectively.

Each year the complex routinely sprays a total of 400 acres (300 on TNNWR and 100 on CCNWR) along all refuge levees, water control structures as well as nuisance aquatic vegetation within impoundments. Applications of approved herbicides will be used in aquatic habitats across the entire complex in small plots that range from 2 acres to 30 acres each.

In most situations points of application occur within dewatered (dry) impoundments for control of alligator weed, lotus, spatterdock, black willow and other invasive/nuisance species. To assure all safety precautions are followed only chemicals listed for use in aquatic environments are used (Habitat and Renovate).

On Cross Creeks NWR, all spraying operations occur within the 19 refuge waterfowl impoundments while on the Tennessee NWR spraying is used in 23 impoundments and along the Kentucky Lake Dewatering area levees and shorelines next to agriculture fields (<20 acres).

Although the actual area being sprayed is 400 acres, it is scattered in numerous plots over a five county area where refuge lands are located.

At this time I have enclosed refuge brochures which have maps in the center fold of each one that should assist you in determining the approximate location where spraying will occur.

If you need further information, please do not hesitate to contact me at the address below.

Sincerely,

Richard E. Hines, Refuge Manager

643 Wildlife Road Dover, TN 37058



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Notice of Intent (NOI) of Coverage Under the Pesticide General Permit (PGP)

Submission of this completed NOI constitutes notice that the Operator identified in Section B intends to be authorized to discharge pollutants to waters of the state within the pest management area identified in Section C of the Pesticide General Permit (PGP). Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the permit; agrees to comply with all applicable terms and conditions of the permit; and understands that continued authorization under the permit is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement for large entities to prepare a Pesticide Discharge

Management Plan (PDMP) phot to NOt submittal. Relet to the instructions at the end of this form to complete your NOt.				
A. Notice of Intent Status				
1. Mark whether this is the first time you are requesting coverage under the PGP or if this is a change of information for a discharge already covered under the PGP. If this is a change of information, supply the NPDES permit tracking number for the discharge.				
a. 🗹 Original NOI Submission				
b. NOI Change of Information: TNP (NPDES Permit Tracking Number)				
Please note: When selecting A.1.b please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that need to be modified.				
B. Operator Information				
1. Operator Name: TENNESSEE / CROSS CREEKS Matione Wildlic Retuge Complex				
2. Operator Type (check one):				
a. 🖵 Federal government				
b. State government				
c. Local government				
d. Mosquito control district (or similar)				
e. 🔲 Irrigation control district (or similar)				
f.				
g. Other: If other, provide brief description of type of operator:				
3. Are you a large entity as defined in Appendix A of the permit? (check one): Yes Vo Please note: If you answer "Yes" to this question you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.				
4. Mailing Address:				
a. Street: 643 WildLife Road				
b. City: Dovee c. State: TN d. ZIP Code: 37.58				
e. Telephone: 931 - 232 - 7477 Ext				
f. Fax: 931 - 232 - 5958				
g. Contact Name: Richard E. HiNE(
m. E-mail: richard _ hiver @ fws. gov				

	est Management Areas: Complete Section C for each Pest Management Area for which coverage under Pesticide General ermit is desired.			
Pest Management Area # 1 of ## 2				
1.	Management Area Name:			
	Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail.			
	All of The Lavee , on Crow Caffle, carprise 4800 teet			
	Plus up to 100 tere per year of Spot			
	confel of bohn, Willow			
	Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas considered "federal facilities" as defined by the permit? Yes No			
3.	Mailing address and contact information of the pesticide applicator (or check here 🖬 if same as provided in Section B):			
ć	a. Street:			
l	c. City: c. State: d. ZIP Code:			
(e. Telephone: Ext			
9	g. Contact Name:			
	h. E-mail:			
5.	b.			
	c. Coverage requested for all waters of the state within the Pest Management Area identified above except for:			
6	Outstanding National Resource Waters (ONRWs)			
G.	Is coverage requested for discharge to a Outstanding National Resource Water(s) of the United States? Dives \(\sum_{No} \) No If yes, answer a and b: a. Name of ONRWs: \(\lambda_{No} \) \(\lambda_{No} \) \(\lambda_{No} \) \(\lambda_{No} \)			
	b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:			
	High va interrol mit AREA while Ragine and lever count			
	DI worter combil that be class of one vegetite			
7.	Water Quality Impaired Waters Operators are not eligible for coverage under this permit for any discharges from a pesticide application to waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a product of degradation of such an active ingredient. See Part 1.1.2.1 of the permit. Check one: a. Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient			
	 b. Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired. 			

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Pest Management Areas: Complete Section C for each Pest Management Area for which coverage under Pesticide General Permit is desired.			
Pest Management Area #_Z of ##_Z			
1. Pest Management Area Name: Townesses National Wildile Rotuge			
Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail.			
ALL of The Leves on Tennerges NWR; AN WATERS			
Within impoundments on Retuge LANDS			
2. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas considered "federal facilities" as defined by the permit? Yes \square No			
3. Mailing address and contact information of the pesticide applicator (or check here if same as provided in Section B):			
a. Street: Soob 1) in kin 1 Lave			
a. Street: 3006 Dinkin Lave b. City: PARIS c. State: TN d. ZIP Code:			
e. Telephone: 931 - 535- 2465 Ext f. Fax: 931 - 535- 3979			
g. Contact Name: CLAY FERRELL			
h. E-mail: CLayton_ Ferrell @ FWS.gov			
 5. Receiving Waters (check one): a. Coverage requested for all waters of the state within the Pest Management Area identified above. b. Coverage requested specifically for the following waters of the state within the Pest Management Area identified above. 			
c. Coverage requested for all waters of the state within the Pest Management Area identified above except for:			
6. Outstanding National Resource Waters (ONRWs)			
Is coverage requested for discharge to a Outstanding National Resource Water(s) of the United States? Yes No If yes, answer a and b:			
a. Name of ONRWs: Tennessee NWR			
b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:			
MIL unter, Lever, and writer Control Structure must be maintained for Waterfows mgt.			
7. Water Quality Impaired Waters			
Operators are not eligible for coverage under this permit for any discharges from a pesticide application to waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a product of degradation of such an active ingredient. See Part 1.1.2.1 of the permit. Check one:			
 a. Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a product o degradation of such an active ingredient 			
b. Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a product of degradation of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.			

I certify under penalty of law that this document and all attachments were prepared under accordance with a system designed to assure that qualified personnel properly gather and submitted. On the basis of my inquiry of the person or persons who manage the system, o responsible for gathering the information, the information submitted is, to the best of my kn accurate, and complete. I am aware that there are significant penalties for submitting false possibility of fine and imprisonment for knowing violations. A false statement is subject to the	evaluate the information or those persons directly nowledge and belief, true, information, including the			
Printed Name: Richard HiNES				
Title: Wildkile Rofugo manager				
E-Mail: Vichard - hive, & FWS. gov.				
Signature/Responsible Official:	Date: 06/08/2012			
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)				
Preparer Name: Richard E. Hisk				
Organization: UC field + Wildlile Seaving				
Phone: 931 - 232 - 7477 Ext	Date: 08/2012			
E-Mail: richan_hiner@ f-wr.gov				

D. Certification